HEDIS Benchmarks

and Coding Guidelines for Quality Care

Wellpoint

HEDIS Coding Booklet 2025

Maryland | Medicaid

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The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

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https://provider.wellpoint.com/md

Coverage provided by Wellpoint Maryland, Inc.
MDWP-CD-071045-24-CPN70939 | April 2025

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

This HEDIS® measure looks at the percentage of episodes for patients ages three months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing eventJuly 1 of the year prior to the measurement year to June 30 of the measurement year.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit anytime during the measurement year
- Patients who die any time during the measurement year.

Description	CPT®/HCPCS
Outpatient, ED and Telehealth	**CPT** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483 **HCPCS** **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G0402:** Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment **G0438:** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit **G0439:** Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit **G0463:** Hospital outpatient clinic visit for assessment and management of a patient

Description	CPT®/HCPCS
	G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251:** Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion **T1015:** Clinic visit/encounter, all-inclusive
Description	**ICD10CM**
Pharyngitis	**J02.0:** Streptococcal pharyngitis **J02.8:** Acute pharyngitis due to other specified organisms **J02.9:** Acute pharyngitis, unspecified **J03.00:** Acute streptococcal tonsillitis, unspecified **J03.01:** Acute recurrent streptococcal tonsillitis **J03.80:** Acute tonsillitis due to other specified organisms **J03.81:** Acute recurrent tonsillitis due to other specified organisms

Description	CPT®/HCPCS
	J03.90: Acute tonsillitis, unspecified **J03.91:** Acute recurrent tonsillitis, unspecified

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

If a patient insists on an antibiotic:

- Refer to the illness as a chest cold rather than bronchitis; patients tend to associate the label with a less frequent need for antibiotics. If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you with avoidance of antibiotic treatment for patients with acute bronchitis/bronchiolitis by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Other available resources

Go to aba,emt-_l rg` gmrga+s qc-gl bcv,frk j

Adults' Access to Preventive/Ambulatory Health Services (AAP)

This HEDIS measure looks at the percentage of patients 20 years of age and older who had an ambulatory or preventive care visit. The organization reports percentages for patients who had an ambulatory or preventive care visit during the measurement year.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit anytime during the measurement year
- Patients who died during the measurement year

Description	CPT/HCPCS
Ambulatory Visits	**CPT** 92002, 92004, 92012, 92014, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99457, 99458, 99483 **HCPCS** **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G0402:** Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment **G0438:** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit **G0439:** Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit **G0463:** Hospital outpatient clinic visit for assessment and management of a patient **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours,

Description	CPT/HCPCS
	not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012**: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251:** Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion **S0620:** Routine ophthalmological examination including refraction; new patient **S0621:** Routine ophthalmological examination including refraction; established patient **T1015:** Clinic visit/encounter, all-inclusive
Description	**ICD10CM**
Reason for Ambulatory Visit	**Z00.00:** Encounter for general adult medical examination without abnormal findings **Z00.01:** Encounter for general adult medical examination with abnormal findings **Z00.3:** Encounter for examination for adolescent development state

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Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Description	CPT/HCPCS
	Z00.5: Encounter for examination of potential donor of organ and tissue **Z00.8:** Encounter for other general examination **Z02.0:** Encounter for examination for admission to educational institution **Z02.1:** Encounter for pre-employment examination **Z02.2:** Encounter for examination for admission to residential institution **Z02.3:** Encounter for examination for recruitment to armed forces **Z02.4:** Encounter for examination for driving license **Z02.5:** Encounter for examination for participation in sport **Z02.6:** Encounter for examination for insurance purposes **Z02.71:** Encounter for disability determination **Z02.79:** Encounter for issue of other medical certificate **Z02.81:** Encounter for paternity testing **Z02.82:** Encounter for adoption services **Z02.83:** Encounter for blood-alcohol and blood-drug test **Z02.89:** Encounter for other administrative examinations **Z02.9:** Encounter for administrative examinations, unspecified **Z76.1:** Encounter for health supervision and care of foundling

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Helpful tips

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Asthma Medication Ratio (AMR)

This HEDIS measure looks at the percentage of patients 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

Record your efforts:

- **Oral medication dispensing event**: Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events — If multiple prescriptions for the same medication are dispensed on the same day, sum up the days' supply and divide by 30. Use the drug ID to determine if the prescriptions are the same or different.
- **Inhaler dispensing event**8All inhalers (for example, canisters) of the same medication dispensed on the same day count as one dispensing event — Medications with different drug IDs dispensed on the same day are counted as different dispensing events.
- **Injection dispensing events**: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.
- **Units of medications:** When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, one infusion, or a 30-day or less supply of an oral medication.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients who had no asthma controller or reliever medications dispensed during the measurement year.
- Patients who had a diagnosis that requires a different treatment approach than patients with asthma any time during the patient's history through December 31 of the measurement year. Do not include laboratory claims (claims with POS code 81).

Description	ICD10CM/CPT/HCPCS
Asthma	**ICD10CM** **J45.21:** Mild intermittent asthma with (acute) exacerbation **J45.22:** Mild intermittent asthma with status asthmaticus **J45.30:** Mild persistent asthma, uncomplicated **J45.31:** Mild persistent asthma with (acute) exacerbation **J45.32:** Mild persistent asthma with status asthmaticus **J45.40:** Moderate persistent asthma, uncomplicated **J45.41:** Moderate persistent asthma with (acute) exacerbation **J45.42:** Moderate persistent asthma with status asthmaticus **J45.50:** Severe persistent asthma, uncomplicated **J45.51:** Severe persistent asthma with (acute) exacerbation **J45.52:** Severe persistent asthma with status asthmaticus **J45.901:** Unspecified asthma with (acute) exacerbation **J45.902:** Unspecified asthma with status asthmaticus **J45.909:** Unspecified asthma, uncomplicated **J45.991:** Cough variant asthma **J45.998:** Other asthma
Outpatient and Telehealth	**CPT** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483 **HCPCS** **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G0402:** Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment **G0438:** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit **G0439:** Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit

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Description	ICD10CM/CPT/HCPCS
	G0463: Hospital outpatient clinic visit for assessment and management of a patient **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251:** Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion **T1015:** Clinic visit/encounter, all-inclusive
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White

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Description	ICD10CM/CPT/HCPCS
	2135-2: Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guideline*s on our provider self-service website.
- Providing you with individual reports of your patients overdue for services if needed.
- Assisting with patient scheduling if needed.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment January 1 through December 1 of the measurement year.

Record your efforts

Documentation of psychosocial care or residential behavioral health treatment in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.
- Patients for whom first-line antipsychotic medications may be clinically appropriate: patients with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).

Description	ICD10CM/CPT/HCPCS
Asthma	**ICD10CM** **J45.21:** Mild intermittent asthma with (acute) exacerbation **J45.22:** Mild intermittent asthma with status asthmaticus **J45.30:** Mild persistent asthma, uncomplicated **J45.31:** Mild persistent asthma with (acute) exacerbation **J45.32:** Mild persistent asthma with status asthmaticus **J45.40:** Moderate persistent asthma, uncomplicated **J45.41:** Moderate persistent asthma with (acute) exacerbation **J45.42:** Moderate persistent asthma with status asthmaticus **J45.50:** Severe persistent asthma, uncomplicated **J45.51:** Severe persistent asthma with (acute) exacerbation **J45.52:** Severe persistent asthma with status asthmaticus **J45.901:** Unspecified asthma with (acute) exacerbation **J45.902:** Unspecified asthma with status asthmaticus

Description	ICD10CM/CPT/HCPCS
	J45.909: Unspecified asthma, uncomplicated **J45.991:** Cough variant asthma **J45.998:** Other asthma
Outpatient and Telehealth	**CPT** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483 **HCPCS** **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G0402:** Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment **G0438:** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit **G0439:** Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit **G0463:** Hospital outpatient clinic visit for assessment and management of a patient **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

Description	ICD10CM/CPT/HCPCS
	G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251:** Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion **T1015:** Clinic visit/encounter, all-inclusive
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your patients overdue for services if needed.

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- Assisting with patient scheduling if needed.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Blood Pressure Control for Patients With Diabetes (BPD)

This HEDIS measure looks at the percentage of patients 18 to 75 years of age with diabetes (type 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Record your efforts

- Patients 18 to 75 years of age whose BP is < 140/90 mm Hg
- If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP
- BP readings taken by the patient (digital monitor) and documented in the patient's medical record are eligible for use in reporting (provided the BP does not meet any exclusion criteria).

What does not count?

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Exclusions:

- Patients who die any time during the measurement year
- Patients receiving palliative care any time during the measurement year.
- Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded.

Description	CPT-CAT II/LOINC
Diastolic Blood Pressure	**CPT-CAT II** **3078F:** Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) **3079F:** Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) **3080F:** Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) **LOINC** **75995-1:** Diastolic blood pressure by Continuous non-invasive monitoring **8453-3:** Diastolic blood pressure--sitting **8454-1:** Diastolic blood pressure--standing **8455-8:** Diastolic blood pressure--supine **8462-4:** Diastolic blood pressure **8496-2:** Brachial artery Diastolic blood pressure **8514-2:** Brachial artery - left Diastolic blood pressure **8515-9:** Brachial artery - right Diastolic blood pressure **89267-9:** Diastolic blood pressure--lying in L-lateral position
Diastolic Less Than 90	**CPT-CAT I**I **3078F:** Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) **3079F:** Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
Systolic and Diastolic Result	**CPT-CAT II** **3074F:** Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) **3075F:** Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) **3077F:** Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) **3078F:** Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) **3079F:** Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) **3080F:** Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
Systolic Blood Pressure	**CPT-CAT II** **3074F:** Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) **3075F:** Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)

Description	CPT-CAT II/LOINC
	3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) **LOINC** **75997-7:** Systolic blood pressure by Continuous non-invasive monitoring **8459-0:** Systolic blood pressure—sitting **8460-8:** Systolic blood pressure--standing **8461-6:** Systolic blood pressure—supine **8480-6:** Systolic blood pressure **8508-4:** Brachial artery Systolic blood pressure **8546-4:** Brachial artery - left Systolic blood pressure **8547-2:** Brachial artery - right Systolic blood pressure **89268-7:** Systolic blood pressure--lying in L-lateral position
Systolic Less Than 140	**CPT-CAT II** **3074F:** Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) **3075F:** Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
- Providing training materials from the American Heart Association.
- Conducting BP competency tests to validate the education of each clinical staff patient.
- Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all patients with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in patient's medical records.
- Refer high-risk patients to our hypertension programs for additional education and support.
- Educate patients and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
- Heart-healthy eating and a low-salt diet.
- Smoking cessation and avoiding secondhand smoke.
- Adding regular exercise to daily activities.
- Home BP monitoring.
- Ideal body mass index (BMI).

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

- The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We support you in helping patients control high blood pressure by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Reaching out to our hypertensive patients through our programs.
- Helping identify your hypertensive patients.
- Helping you schedule, plan, implement, and evaluate a health screening Clinic Day; call your provider relationship management representative to find out more.
- Educating our patients on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Other available resources

You can find more information and tools online at ab a,e mt - ` jmmb n pc qqs pc - g b c v,f r k .

Controlling High Blood Pressure (CBP)

This HEDIS measure looks at the percentage of patients ages 18 to 85 years who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Record your efforts

Document blood pressure and diagnosis of HTN. Patients whose BP is adequately controlled include:

- Patients 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of hypertension:
- If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.
- If no BP is recorded during the measurement year, assume that the patient is *not controlled*.

What does not count?

- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken during an acute inpatient stay or an ED visit
- Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Exclusions:

- Patients who die any time during the measurement year
- Patients receiving palliative care any time during the measurement year
- Patients who had an encounter for palliative care anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients with a diagnosis that indicates end-stage renal disease (ESRD) any time during the patient's history on or prior to December 31 of the measurement year. Do not include laboratory claims (claims with POS code 81).

- Patients with a procedure that indicates ESRD: dialysis, nephrectomy, or kidney transplant any time during the patient's history on or prior to December 31 of the measurement year.
- Patients with a diagnosis of pregnancy any time during the measurement year.
- Patients 66 to 80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH frailty and advanced illness criteria to be excluded.
- Patients 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty with different dates of service during the measurement year.

Description	CPT/CPT-CAT II/LOINC/HCPCS
Diastolic Blood Pressure	**CPT-CAT II** **3078F:** Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) **3079F:** Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) **3080F:** Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) **LOINC** **75995-1:** Diastolic blood pressure by Continuous non-invasive monitoring **8453-3:** Diastolic blood pressure--sitting **8454-1:** Diastolic blood pressure--standing **8455-8:** Diastolic blood pressure--supine **8462-4:** Diastolic blood pressure **8496-2:** Brachial artery Diastolic blood pressure **8514-2:** Brachial artery - left Diastolic blood pressure **8515-9:** Brachial artery - right Diastolic blood pressure **89267-9:** Diastolic blood pressure--lying in L-lateral position
Diastolic Less Than 90	**CPT-CAT II** **3078F:** Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) **3079F:** Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
Systolic and Diastolic Result	**CPT-CAT II** **3074F:** Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) **3075F:** Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)

Description	CPT/CPT-CAT II/LOINC/HCPCS
	3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) **3078F:** Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) **3079F:** Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) **3080F:** Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
Systolic Blood Pressure	**CPT-CAT II** **3074F:** Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) **3075F:** Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) **3077F:** Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) **LOINC** **75997-7:** Systolic blood pressure by Continuous non-invasive monitoring **8459-0:** Systolic blood pressure—sitting **8460-8:** Systolic blood pressure--standing **8461-6:** Systolic blood pressure—supine **8480-6:** Systolic blood pressure **8508-4:** Brachial artery Systolic blood pressure **8546-4:** Brachial artery - left Systolic blood pressure **8547-2:** Brachial artery - right Systolic blood pressure **89268-7:** Systolic blood pressure--lying in L-lateral position
Systolic Less Than 140	**CPT-CAT II** **3074F:** Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) **3075F:** Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
  - Providing training materials from the American Heart Association.
  - Conducting BP competency tests to validate the education of each clinical staff patient.
  - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all patients with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in patient's medical records.
- Refer high-risk patients to our hypertension programs for additional education and support.
- Educate patients and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
  - Heart-healthy eating and a low-salt diet.
  - Smoking cessation and avoiding secondhand smoke.
  - Adding regular exercise to daily activities.
  - Home BP monitoring.
  - Ideal body mass index (BMI).
  - The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- We support you in helping patients control high blood pressure by:
- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Reaching out to our hypertensive patients through our programs.
- Helping identify your hypertensive patients.
- Helping you schedule, plan, implement and evaluate a health screening clinic day; call your provider relationship management representative to find out more.
- Educating our patients on high blood pressure through health education materials if available.

- Supplying copies of healthy tips for your office.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Other available resources

You can find more information and tools online at cdc.gov/bloodpressure/index.htm.

Chlamydia Screening (CHL)

This HEDIS measure looks at the percentage of patients 16 to 24 years of age who were recommended for routine chlamydia screening, identified as sexually active and who had at least one test for chlamydia during the measurement year.

Record your efforts

Indicate the date the test was performed and the results

Exclusions:

- Patients in hospice or elect to use a hospice benefit any time during the measurement year.
- Patients who died during the measurement year
- Sex Assigned at Birth: (LOINC code 76689-9) Male (LOINC code LA2-8) any time in the patient's history.

Based on a pregnancy test alone and who meet either of the following:

- A pregnancy test during the measurement year and a prescription for isotretinoin on the date of the pregnancy test or the 6 days after
- A pregnancy test during the measurement year and an x-ray on the date of the pregnancy test through 6 days after the pregnancy test.

Description	CPT/LOINC
Chlamydia Tests	**CPT** 87110, 87270, 87320, 87490, 87492, 87810 **LOINC** **14463-4:** Chlamydia trachomatis [Presence] in Cervix by Organism specific culture **14464-2:** Chlamydia trachomatis [Presence] in Vaginal fluid by Organism specific culture **14465-9:** Chlamydia trachomatis [Presence] in Urethra by Organism specific culture **14467-5:** Chlamydia trachomatis [Presence] in Urine sediment by Organism specific culture **14474-1:** Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunoassay **14513-6:** Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunofluorescence

Description	CPT/LOINC
	16600-9: Chlamydia trachomatis rRNA [Presence] in Genital specimen by Probe **21190-4:** Chlamydia trachomatis DNA [Presence] in Cervix by NAA with probe detection **21191-2:** Chlamydia trachomatis DNA [Presence] in Urethra by NAA with probe detection **23838-6:** Chlamydia trachomatis rRNA [Presence] in Genital fluid by Probe **31775-0:** Chlamydia trachomatis Ag [Presence] in Urine sediment **34710-4:** Chlamydia trachomatis Ag [Presence] in Anal **42931-6:** Chlamydia trachomatis rRNA [Presence] in Urine by NAA with probe detection **44806-8:** Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Urine by NAA with probe detection **44807-6:** Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Genital specimen by NAA with probe detection **45068-4:** Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Cervix by NAA with probe detection **45069-2:** Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Genital specimen by Probe **45072-6:** Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Anal by Probe **45073-4:** Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Tissue by Probe **45075-9:** Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urethra by Probe **45084-1:** Chlamydia trachomatis DNA [Presence] in Vaginal fluid by NAA with probe detection **45089-0:** Chlamydia trachomatis rRNA [Presence] in Anal by Probe **45090-8:** Chlamydia trachomatis DNA [Presence] in Anal by NAA with probe detection **45091-6:** Chlamydia trachomatis Ag [Presence] in Genital specimen **45093-2:** Chlamydia trachomatis [Presence] in Anal by Organism specific culture **45095-7:** Chlamydia trachomatis [Presence] in Genital specimen by Organism specific culture **50387-0:** Chlamydia trachomatis rRNA [Presence] in Cervix by NAA with probe detection **53925-4:** Chlamydia trachomatis rRNA [Presence] in Urethra by NAA with probe detection

Description	CPT/LOINC
	53926-2: Chlamydia trachomatis rRNA [Presence] in Vaginal fluid by NAA with probe detection **57287-5:** Chlamydia trachomatis rRNA [Presence] in Anal by NAA with probe detection **6353-7:** Chlamydia trachomatis Ag [Presence] in Tissue by Immunofluorescence **6356-0:** Chlamydia trachomatis DNA [Presence] in Genital specimen by NAA with probe detection **6357-8:** Chlamydia trachomatis DNA [Presence] in Urine by NAA with probe detection **80360-1:** Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urine by NAA with probe detection **80361-9:** Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Cervix by NAA with probe detection **80362-7:** Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Vaginal fluid by NAA with probe detection **80363-5:** Chlamydia trachomatis DNA [Presence] in Anorectal by NAA with probe detection **80364-3:** Chlamydia trachomatis rRNA [Presence] in Anorectal by NAA with probe detection **80365-0:** Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Anorectal by NAA with probe detection **80367-6:** Chlamydia trachomatis [Presence] in Anorectal by Organism specific culture **82306-2:** Chlamydia trachomatis rRNA [Presence] in Throat by NAA with probe detection **87949-4:** Chlamydia trachomatis DNA [Presence] in Tissue by NAA with probe detection **87950-2:** Chlamydia trachomatis [Presence] in Tissue by Organism specific culture **88221-7:** Chlamydia trachomatis DNA [Presence] in Throat by NAA with probe detection **89648-0:** Chlamydia trachomatis [Presence] in Throat by Organism specific culture **91860-7:** Chlamydia trachomatis Ag [Presence] in Genital specimen by Immunofluorescence **91873-0:** Chlamydia trachomatis Ag [Presence] in Throat by Immunofluorescence

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Helpful resource

About Chlamydia | Chlamydia | CDC

Cardiac Rehabilitation (CRE)

This HEDIS measure evaluates the percentage of patients 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement on or between July 1 of the year prior to the measurement year to June 30 of the measurement year. Four rates are reported:

- **Initiation**: The percentage of patients who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- **Engagement 1**: The percentage of patients who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
- **Engagement 2**: The percentage of patients who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
- **Achievement**: The percentage of patients who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

Record your efforts

Count multiple cardiac rehabilitation sessions on the same date of service as multiple sessions. For example, if a patient has two different codes for cardiac rehabilitation on the same date of service (or one code billed as two units), count this as two sessions of cardiac rehabilitation.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients receiving palliative care any time during the measurement year.
- Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients 66 to 80 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).
- Patients 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).

- Discharged from an inpatient setting with any of the following on the discharge claim during the 180 days after the episode date:
  - Myocardial Infarction (MI)
  - Coronary artery bypass graft (CABG)
  - Heart or heart/lung transplant
  - Heart valve repair or replacement
  - Percutaneous Coronary Intervention (PCI)

Description	CPT/HCPCS
Cardiac Rehabilitation	**CPT** 93797, 93798 **HCPCS** **G0422:** Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session **G0423:** Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session **S9472:** Cardiac rehabilitation program, non-physician provider, per diem

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Appropriate Testing for Pharyngitis (CWP)

This HEDIS measure evaluates the percentage of episodes for patients three years of age and older where the patient was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode on or between July 1 of the year prior to the measurement year to June 30 of the measurement year.

Record your efforts

- Document results of all strep tests or refusal for testing in medical record.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year

Description	CPT/HCPCS/ICD10CM/LOINC
Pharyngitis	**ICD10CM** **J02.0:** Streptococcal pharyngitis **J02.8:** Acute pharyngitis due to other specified organisms **J02.9:** Acute pharyngitis, unspecified **J03.00:** Acute streptococcal tonsillitis, unspecified **J03.01:** Acute recurrent streptococcal tonsillitis **J03.80:** Acute tonsillitis due to other specified organisms **J03.81:** Acute recurrent tonsillitis due to other specified organisms **J03.90:** Acute tonsillitis, unspecified **J03.91:** Acute recurrent tonsillitis, unspecified
Group A Strep Tests	**CPT** 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880 **LOINC** **101300-2:** Streptococcus pyogenes DNA [Presence] in Throat by NAA with non-probe detection **103627-6:** Streptococcus pyogenes DNA [Presence] in Specimen by NAA with probe detection **11268-0:** Streptococcus pyogenes [Presence] in Throat by Organism specific culture

Description	CPT/HCPCS/ICD10CM/LOINC
	17656-0: Streptococcus pyogenes [Presence] in Specimen by Organism specific culture **17898-8:** Bacteria identified in Throat by Aerobe culture **18481-2:** Streptococcus pyogenes Ag [Presence] in Throat **31971-5:** Streptococcus pyogenes Ag [Presence] in Specimen **49610-9:** Streptococcus pyogenes DNA [Identifier] in Specimen by NAA with probe detection **5036-9:** Streptococcus pyogenes rRNA [Presence] in Specimen by Probe **60489-2:** Streptococcus pyogenes DNA [Presence] in Throat by NAA with probe detection **626-2:** Bacteria identified in Throat by Culture **6557-3:** Streptococcus pyogenes Ag [Presence] in Throat by Immunofluorescence **6558-1:** Streptococcus pyogenes Ag [Presence] in Specimen by Immunoassay **6559-9:** Streptococcus pyogenes Ag [Presence] in Specimen by Immunofluorescence **68954-7:** Streptococcus pyogenes rRNA [Presence] in Throat by Probe **78012-2:** Streptococcus pyogenes Ag [Presence] in Throat by Rapid immunoassay
Outpatient, ED and Telehealth	**CPT** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483 **HCPCS** **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G0402:** Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment **G0438:** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Description	CPT/HCPCS/ICD10CM/LOINC
	G0439: Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit **G0463:** Hospital outpatient clinic visit for assessment and management of a patient **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251:** Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion **T1015:** Clinic visit/encounter, all-inclusive

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips

- Refer to the illness as a sore throat due to a cold virus; patients tend to associate the label with a less-frequent need for antibiotics.
- Antibiotics do not work on viruses
- Educate patients on the difference between bacterial and viral infections. This is the key point in the success of this measure. Use CDC handouts or education tools as needed.
- Discuss with patients' ways to treat symptoms:
  - Get extra rest.
  - Drink plenty of fluids.
  - Use over-the-counter medications.
  - Use the cool-mist vaporizer and nasal spray for congestion.
  - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate patients and their parents or caregivers that they can prevent infection by:
- Washing hands frequently.
- Disinfecting toys.
- Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- f using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Helpful resources

cdc.gov/antibiotic-use/index.html

Eye Exam for Patients With Diabetes (EED)

This HEDIS measure looks at the percentage of patients 18 to 75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Record your efforts:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.

Note: Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

Exclusions:

- Bilateral eye enucleation any time during the patient's history through December 31 of the measurement year:
  - Unilateral eye enucleation with a bilateral modifier (CPT Modifier code 50).
  - Two unilateral eye enucleations with service dates 14 days or more apart.
  - Left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) and right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) on the same or different dates of service.
  - A unilateral eye enucleation and a left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) with service dates 14 days or more apart.
  - A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) with service dates 14 days or more apart.
- Patients who die any time during the measurement year
- Patients receiving palliative care any time during the measurement year.
- Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).

Services	CPT/HCPCS/CPT-CAT II
Unilateral Eye Enucleation	**CPT** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Retinal Eye Exams	**CPT** 92235, 92230, 92250, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99215, 99213, 99214, 92018, 92019, 92004, 92002, 92014, 92012, 92202, 92201, 92134, S3000, S0621, S0620
Eye Exam with Evidence of Retinopathy	**CPT-CAT II** **2022F:** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) **2024F:** 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) **2026F:** Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)
Eye Exam Without Evidence of Retinopathy	**CPT-CAT II** **2023F:** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) **2025F:** 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) **2033F:** Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)
Unilateral Eye Enucleation	**CPT** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Retinal Imaging	**CPT** 92227, 92228
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

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Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call patients to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results or any specialist referral and document on your chart.
- Refer patients to the network of eye providers for their annual diabetic eye exam.
- Educate your patients and their families, caregivers, and guardians on diabetes care, including:
  - Taking all prescribed medications as directed.
  - Adding regular exercise to daily activities.
  - Having a diabetic eye exam each year with an eye care provider.
  - Regularly monitoring blood sugar and blood pressure at home.
  - Maintaining healthy weight and ideal body mass index.
  - Eating heart-healthy, low-calorie, and low-fat foods.
  - Stopping smoking and avoiding second-hand smoke.
  - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Providing programs that may be available to our diabetic patients.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Providing education at your office if available in your area.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Follow-up After Emergency Department Visit for Substance Use (FUA)

This HEDIS measure evaluates the percentage of emergency department (ED) visits for patients 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was a follow-up. Two rates are reported:

- The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days)
- The percentage of ED visits for which the patient received follow-up within seven days of the ED visit (seven total days)

Record your efforts

- **30 Day Follow-Up**: A patient has a follow-up visit or a pharmacotherapy dispensing event 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.
- **7 Day Follow-Up**: A patient has a follow-up visit or a pharmacotherapy dispensing event 7 days after the ED visit (8 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

Exclusions:

ED visits that result in an inpatient stay

- ED visits followed by residential treatment on the date of the ED visit or within the 30 days after the ED visit.
- Patients who use hospice services or elect to use a hospice benefit anytime during the measurement year
- Patients who died during the measurement year

Services	CPT/HCPCS/ICD10CM/POS
BH Outpatient	**CPT** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS** **G0155:** Services of clinical social worker in home health or hospice settings, each 15 minutes

Services	CPT/HCPCS/ICD10CM/POS
	G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) **G0177:** Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) **G0409:** Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf) **G0463:** Hospital outpatient clinic visit for assessment and management of a patient **G0512:** Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month **H0002:** Behavioral health screening to determine eligibility for admission to treatment program **H0004:** Behavioral health counseling and therapy, per 15 minutes **H0031:** Mental health assessment, by non-physician **H0034:** Medication training and support, per 15 minutes **H0036:** Community psychiatric supportive treatment, face-to-face, per 15 minutes **H0037:** Community psychiatric supportive treatment program, per diem **H0039:** Assertive community treatment, face-to-face, per 15 minutes **H0040:** Assertive community treatment program, per diem **H2000:** Comprehensive multidisciplinary evaluation **H2010:** Comprehensive medication services, per 15 minutes **H2011:** Crisis intervention service, per 15 minutes **H2013:** Psychiatric health facility service, per diem **H2014:** Skills training and development, per 15 minutes **H2015:** Comprehensive community support services, per 15 minutes **H2016:** Comprehensive community support services, per diem **H2017:** Psychosocial rehabilitation services, per 15 minutes **H2018:** Psychosocial rehabilitation services, per diem **H2019:** Therapeutic behavioral services, per 15 minutes **H2020:** Therapeutic behavioral services, per diem

Services	CPT/HCPCS/ICD10CM/POS
	T1015: Clinic visit/encounter, all-inclusive
Substance Abuse Counseling and Surveillance	**ICD10CM** **Z71.41:** Alcohol abuse counseling and surveillance of alcoholic **Z71.51:** Drug abuse counseling and surveillance of drug abuser
Substance Use Disorder Services	**CPT** 99408, 99409 **HCPCS** **G0396**: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and brief intervention 15 to 30 minutes **G0397:** Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and intervention, greater than 30 minutes **G0443**: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes **H0001**: Alcohol and/or drug assessment **H0005:** Alcohol and/or drug services; group counseling by a clinician **H0007:** Alcohol and/or drug services; crisis intervention (outpatient) **H0015**: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education **H0016:** Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) **H0022:** Alcohol and/or drug intervention service (planned facilitation) **H0047:** Alcohol and/or other drug abuse services, not otherwise specified **H0050:** Alcohol and/or drug services, brief intervention, per 15 minutes **H2035:** Alcohol and/or other drug treatment program, per hour **H2036** Alcohol and/or other drug treatment program, per diem **T1006**: Alcohol and/or substance abuse services, family/couple counseling **T1012**: Alcohol and/or substance abuse services, skills development
Substance Use Services	**HCPCS** **H0006:** Alcohol and/or drug services; case management **H0028:** Alcohol and/or drug prevention problem identification and referral service (for example, student assistance and employee assistance programs), does not include assessment

Services	CPT/HCPCS/ICD10CM/POS
OUD Monthly Office-based Treatment	**HCPCS:** **G2086:** Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month **G2087:** Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
OUD Weekly Drug Treatment Service	**HCPCS:** **G2067:** Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2068:** Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2069**: Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2070**: Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2072:** Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2073:** Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
OUD Weekly Nondrug Service	**HCPCS**

Services	CPT/HCPCS/ICD10CM/POS
	G2071: Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2074:** Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2075:** Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2076:** Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid **G2077:** Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure **G2080:** Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Residential Program Detoxification	**HCPCS** **H0010:** Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) **H0011:** Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
Telehealth POS	**POS** **02:** Telehealth Provided Other than in patient's Home

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Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Services	CPT/HCPCS/ICD10CM/POS
	10: Telehealth Provided in patient's Home
Telephone visits	**CPT** 98966, 98967, 98968, 99441, 99442, 99443
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Other available resources

You can find more information and tools online at qualityforum.org.

Follow-Up After Hospitalization for Mental Illness (FUH)

This HEDIS measure evaluates the percentage of discharges for patients ages 6 years and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:

- The percentage of discharges for which the patient received follow-up within 30 days after discharge
- The percentage of discharges for which the patient received follow-up within 7]days after discharge

Exclusions:

- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting (except for psychiatric residential treatment) within the 30-day follow-up period, regardless of principal diagnosis for the readmission.
- Patients who use hospice or elect to use a hospice benefit any time during the measurement year.
- Patients who died during the measurement year

Services	CPT/HCPCS/POS
BH Outpatient	**CPT** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS** **G0155:** Services of clinical social worker in home health or hospice settings, each 15 minutes **G0176:** Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) **G0177:** Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) **G0409:** Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf)

Services	CPT/HCPCS/POS
	G0463: Hospital outpatient clinic visit for assessment and management of a patient **G0512:** Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month **H0002:** Behavioral health screening to determine eligibility for admission to treatment program **H0004:** Behavioral health counseling and therapy, per 15 minutes **H0031:** Mental health assessment, by non-physician **H0034:** Medication training and support, per 15 minutes **H0036:** Community psychiatric supportive treatment, face-to-face, per 15 minutes **H0037:** Community psychiatric supportive treatment program, per diem **H0039:** Assertive community treatment, face-to-face, per 15 minutes **H0040:** Assertive community treatment program, per diem **H2000:** Comprehensive multidisciplinary evaluation **H2010:** Comprehensive medication services, per 15 minutes **H2011:** Crisis intervention service, per 15 minutes **H2013:** Psychiatric health facility service, per diem **H2014:** Skills training and development, per 15 minutes **H2015:** Comprehensive community support services, per 15 minutes **H2016:** Comprehensive community support services, per diem **H2017:** Psychosocial rehabilitation services, per 15 minutes **H2018:** Psychosocial rehabilitation services, per diem **H2019:** Therapeutic behavioral services, per 15 minutes **H2020:** Therapeutic behavioral services, per diem **T1015:** Clinic visit/encounter, all-inclusive
Psychiatric Collaborative Care Management	**CPT** 99492, 99493, 99494 **HCPCS** **G0512:** Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month

Services	CPT/HCPCS/POS
Residential Behavioral Health Treatment	**HCPCS** **T2048:** Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem **H0019:** Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem **H0017:** Behavioral health; residential (hospital residential treatment program), without room and board, per diem **H0018:** Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
Transitional Care Management Services	**CPT** 99495, 99496
Telephone Visits	**CPT** 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	**POS** 02 10
Visit Setting Unspecified	**CPT** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Outpatient POS	**POS** **03:** School **05:** Indian Health Service Free-standing Facility **07:** Tribal 638 Free-standing Facility **09:** Prison/Correctional Facility **11:** Office **12:** Home **13:** Assisted Living Facility **14:** Group Home **15:** Mobile Unit **16:** Temporary Lodging **17:** Walk-in Retail Clinic **18:** Place of Employment-Worksite **19:** Off Campus-Outpatient Hospital **20:** Urgent Care Facility **22:** On-Campus Outpatient Hospital **33:** Custodial Care Facility

Services	CPT/HCPCS/POS
	49: Independent Clinic **50:** Federally Qualified Health Center **71:** Public Health Clinic **72:** Rural Health Clinic
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Educate your patients and their spouses, caregivers, or guardians about the importance of compliance with long-term medications, if prescribed.
- Encourage patients to participate in our behavioral health case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach patient's families to review all discharge instructions for patients and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.
- Ask patients with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.
- Telehealth services that are completed by a qualified mental health provider can be used for this measure.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

This HEDIS measure evaluates the percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder among patients 13 years of age and older that result in a follow-up visit or service for substance use disorder during the measurement year. Two rates are reported:

- The percentage of visits or discharges for which the patient received follow-up for substance use disorder within the 30 days after the visit or discharge.
- The percentage of visits or discharges for which the patient received follow-up for substance use disorder within the 7 days after the visit or discharge.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.

Services	CPT/HCPCS/ICD10CM/POS
BH Outpatient	**CPT** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS** **G0155:** Services of clinical social worker in home health or hospice settings, each 15 minutes **G0176:** Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) **G0177:** Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) **G0409:** Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf) **G0463:** Hospital outpatient clinic visit for assessment and management of a patient

Services	CPT/HCPCS/ICD10CM/POS
	G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month **H0002:** Behavioral health screening to determine eligibility for admission to treatment program **H0004:** Behavioral health counseling and therapy, per 15 minutes **H0031:** Mental health assessment, by non-physician **H0034:** Medication training and support, per 15 minutes **H0036:** Community psychiatric supportive treatment, face-to-face, per 15 minutes **H0037:** Community psychiatric supportive treatment program, per diem **H0039:** Assertive community treatment, face-to-face, per 15 minutes **H0040:** Assertive community treatment program, per diem **H2000:** Comprehensive multidisciplinary evaluation **H2010:** Comprehensive medication services, per 15 minutes **H2011:** Crisis intervention service, per 15 minutes **H2013:** Psychiatric health facility service, per diem **H2014:** Skills training and development, per 15 minutes **H2015:** Comprehensive community support services, per 15 minutes **H2016:** Comprehensive community support services, per diem **H2017:** Psychosocial rehabilitation services, per 15 minutes **H2018:** Psychosocial rehabilitation services, per diem **H2019:** Therapeutic behavioral services, per 15 minutes **H2020:** Therapeutic behavioral services, per diem **T1015:** Clinic visit/encounter, all-inclusive
Substance Abuse Counseling and Surveillance	**ICD10CM** **Z71.41:** Alcohol abuse counseling and surveillance of alcoholic **Z71.51:** Drug abuse counseling and surveillance of drug abuser
Substance Use Disorder Services	**CPT** 99408, 99409 **HCPCS** **G0396**: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and brief intervention 15 to 30 minutes

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Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Services	CPT/HCPCS/ICD10CM/POS
	G0397: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and intervention, greater than 30 minutes **G0443**: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes **H0001**: Alcohol and/or drug assessment **H0005:** Alcohol and/or drug services; group counseling by a clinician **H0007:** Alcohol and/or drug services; crisis intervention (outpatient) **H0015**: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education **H0016:** Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) **H0022:** Alcohol and/or drug intervention service (planned facilitation) **H0047:** Alcohol and/or other drug abuse services, not otherwise specified **H0050:** Alcohol and/or drug services, brief intervention, per 15 minutes **H2035:** Alcohol and/or other drug treatment program, per hour **H2036** Alcohol and/or other drug treatment program, per diem **T1006**: Alcohol and/or substance abuse services, family/couple counseling **T1012**: Alcohol and/or substance abuse services, skills development
Substance Use Services	**HCPCS** **H0006:** Alcohol and/or drug services; case management **H0028:** Alcohol and/or drug prevention problem identification and referral service (for example, student assistance and employee assistance programs), does not include assessment
OUD Monthly Office-based Treatment	**HCPCS:** **G2086:** Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month **G2087:** Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
OUD Weekly Drug Treatment Service	**HCPCS:** **G2067:** Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed

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Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Services	CPT/HCPCS/ICD10CM/POS
	(provision of the services by a Medicare-enrolled opioid treatment program) **G2068:** Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2069**: Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2070**: Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2072:** Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2073:** Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
OUD Weekly Nondrug Service	**HCPCS** **G2071:** Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2074:** Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2075:** Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and

Services	CPT/HCPCS/ICD10CM/POS
	toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2076:** Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid **G2077:** Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure **G2080:** Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Online Assessments	**CPT** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS** **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m

Services	CPT/HCPCS/ICD10CM/POS
	service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251:** Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252**: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Outpatient POS	**POS** **03:** School **05:** Indian Health Service Free-standing Facility **07:** Tribal 638 Free-standing Facility **09:** Prison/Correctional Facility **11:** Office **12:** Home **13:** Assisted Living Facility **14:** Group Home **15:** Mobile Unit **16:** Temporary Lodging **17:** Walk-in Retail Clinic **18:** Place of Employment-Worksite **19:** Off Campus-Outpatient Hospital **20:** Urgent Care Facility **22:** On-Campus Outpatient Hospital **33:** Custodial Care Facility **49:** Independent Clinic

Services	CPT/HCPCS/ICD10CM/POS
	50: Federally Qualified Health Center **71:** Public Health Clinic **72:** Rural Health Clinic
Telephone Visits	**CPT** 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	**POS** 02 10
Visit Setting Unspecified	**CPT** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255]

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Other available resources

You can find more information and tools online at qualityforum.org.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

This HEDIS measure evaluates the percentage of emergency department (ED) visits for patients ages six years and older with a principal diagnosis of mental illness or any diagnosis of intentional self-harm, and who had a mental health follow-up service during the measurement year. Two rates are reported:

- The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days)
- The percentage of ED visits for which the patient received follow-up within 7 days of the ED visit (8 total days)

Exclusions:

- ED visits that result in an inpatient stay
- ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days)
- Patients in hospice or using hospice services anytime during the measurement year
- Patients who died during the measurement year

Services	CPT/HCPCS/POS
BH Outpatient	**CPT** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS** **G0155:** Services of clinical social worker in home health or hospice settings, each 15 minutes **G0176:** Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) **G0177:** Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) **G0409:** Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf)

Services	CPT/HCPCS/POS
	G0463: Hospital outpatient clinic visit for assessment and management of a patient **G0512:** Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month **H0002:** Behavioral health screening to determine eligibility for admission to treatment program **H0004:** Behavioral health counseling and therapy, per 15 minutes **H0031:** Mental health assessment, by non-physician **H0034:** Medication training and support, per 15 minutes **H0036:** Community psychiatric supportive treatment, face-to-face, per 15 minutes **H0037:** Community psychiatric supportive treatment program, per diem **H0039:** Assertive community treatment, face-to-face, per 15 minutes **H0040:** Assertive community treatment program, per diem **H2000:** Comprehensive multidisciplinary evaluation **H2010:** Comprehensive medication services, per 15 minutes **H2011:** Crisis intervention service, per 15 minutes **H2013:** Psychiatric health facility service, per diem **H2014:** Skills training and development, per 15 minutes **H2015:** Comprehensive community support services, per 15 minutes **H2016:** Comprehensive community support services, per diem **H2017:** Psychosocial rehabilitation services, per 15 minutes **H2018:** Psychosocial rehabilitation services, per diem **H2019:** Therapeutic behavioral services, per 15 minutes **H2020:** Therapeutic behavioral services, per diem **T1015:** Clinic visit/encounter, all-inclusive
Residential Behavioral Health Treatment	**HCPCS** **T2048:** Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem **H0019:** Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem **H0017:** Behavioral health; residential (hospital residential treatment program), without room and board, per diem

Services	CPT/HCPCS/POS
	H0018: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
Telehealth POS	**POS** 02 10
Outpatient POS	**POS** **03:** School **05:** Indian Health Service Free-standing Facility **07:** Tribal 638 Free-standing Facility **09:** Prison/Correctional Facility **11:** Office **12:** Home **13:** Assisted Living Facility **14:** Group Home **15:** Mobile Unit **16:** Temporary Lodging **17:** Walk-in Retail Clinic **18:** Place of Employment-Worksite **19:** Off Campus-Outpatient Hospital **20:** Urgent Care Facility **22:** On-Campus Outpatient Hospital **33:** Custodial Care Facility **49:** Independent Clinic **50:** Federally Qualified Health Center **71:** Public Health Clinic **72:** Rural Health Clinic
Visit Setting Unspecified	**CPT** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Online Assessments	**CPT** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS** **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Services	CPT/HCPCS/POS
	G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251:** Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252**: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone Visits	**CPT** 98966, 98967, 98968, 99441, 99442, 99443
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Services	CPT/HCPCS/POS
	2186-5: Not Hispanic or Latino]

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Other available resources

You can find more information and tools online at qualityforum.org.

Glycemic Status Assessment for Patients With Diabetes (GSD)

This measure looks at the percentage of patients 18 to 75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status < 8.0%.
- Glycemic Status > 9.0%.

Note: A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status > 9% indicate better care).

Record your efforts:

- Document the result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year
- When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients receiving palliative care any time during the measurement year.
- Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).

Description	CPT/CPT-CAT II/LOINC
HbA1c Level Greater Than or Equal to 8.0	**CPT-CAT II** **3046F:** Most recent hemoglobin A1c level greater than 9.0% (DM) **3052F:** Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
HbA1c Level Less Than 8.0	**CPT-CAT II** **3044F:** Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) **3051F:** Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
Hb1c Level Less Than or Equal to 9.0	**CPT-CAT II** **3044F:** Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) **3051F:** Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) **3052F:** Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
HbA1c Tests Results or Findings	**CPT-CAT II** **3044F:** Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) **3046F:** Most recent hemoglobin A1c level greater than 9.0% (DM) **3051F:** Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) **3052F:** Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
HbA1c Lab Test	**CPT** 83036, 83037 **LOINC** **17855-8:** Hemoglobin A1c/Hemoglobin.total in Blood by calculation **17856-6:** Hemoglobin A1c/Hemoglobin.total in Blood by HPLC **4548-4:** Hemoglobin A1c/Hemoglobin.total in Blood **4549-2:** Hemoglobin A1c/Hemoglobin.total in Blood by Electrophoresis **96595-4:** Hemoglobin A1c/Hemoglobin.total in DBS
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call patients to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results and document on your chart.
- Draw labs in your office if accessible or refer patients to a local lab for screenings.
- Educate your patients and their families, caregivers, and guardians on diabetes care, including:
  - Taking all prescribed medications as directed.
  - Adding regular exercise to daily activities.
  - Regularly monitoring blood sugar and blood pressure at home.
  - Maintaining healthy weight and ideal body mass index.
  - Eating heart-healthy, low-calorie, and low-fat foods.
  - Stopping smoking and avoiding second-hand smoke.
  - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
  - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Providing programs that may be available to our diabetic patients.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Scheduling Clinic Days or providing education at your office if available in your area.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

This measure looks at the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

- Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits, or medication treatment within 14 days
- Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who died during the measurement year

Initiation and engagement of alcohol and other drug dependence treatment (IET) codes:

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
BH Outpatient	**CPT** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS** **G0155:** Services of clinical social worker in home health or hospice settings, each 15 minutes **G0176:** Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) **G0177:** Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) **G0409:** Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf) **G0463:** Hospital outpatient clinic visit for assessment and management of a patient

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month **H0002:** Behavioral health screening to determine eligibility for admission to treatment program **H0004:** Behavioral health counseling and therapy, per 15 minutes **H0031:** Mental health assessment, by non-physician **H0034:** Medication training and support, per 15 minutes **H0036:** Community psychiatric supportive treatment, face-to-face, per 15 minutes **H0037:** Community psychiatric supportive treatment program, per diem **H0039:** Assertive community treatment, face-to-face, per 15 minutes **H0040:** Assertive community treatment program, per diem **H2000:** Comprehensive multidisciplinary evaluation **H2010:** Comprehensive medication services, per 15 minutes **H2011:** Crisis intervention service, per 15 minutes **H2013:** Psychiatric health facility service, per diem **H2014:** Skills training and development, per 15 minutes **H2015:** Comprehensive community support services, per 15 minutes **H2016:** Comprehensive community support services, per diem **H2017:** Psychosocial rehabilitation services, per 15 minutes **H2018:** Psychosocial rehabilitation services, per diem **H2019:** Therapeutic behavioral services, per 15 minutes **H2020:** Therapeutic behavioral services, per diem **T1015:** Clinic visit/encounter, all-inclusive
Buprenorphine Implant	**HCPCS** **G2070:** Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2072:** Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	J0570: Buprenorphine implant, 74.2 mg
Buprenorphine Injection	**HCPCS** **G2069:** Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **Q9991:** Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg **Q9992:** Injection, buprenorphine extended-release (sublocade), greater than 100 mg
Buprenorphine Naloxone	**HCPCS** **J0572:** Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine **J0573:** Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine **J0574:** Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine **J0575:** Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine
Buprenorphine Oral	**HCPCS** **H0033:** Oral medication administration, direct observation **J0571:** Buprenorphine, oral, 1 mg
Buprenorphine Oral Weekly	**HCPCS** **G2068:** Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2079:** Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Detoxification	**HCPCS** **H0008:** Alcohol and/or drug services; sub-acute detoxification (hospital inpatient) **H0009:** Alcohol and/or drug services; acute detoxification (hospital inpatient) **H0010:** Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	H0011: Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) **H0012:** Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) **H0013:** Alcohol and/or drug services; acute detoxification (residential addiction program outpatient) **H0014:** Alcohol and/or drug services; ambulatory detoxification **ICD10PCS:** **HZ2ZZZZ:** Detoxification Services for Substance Abuse Treatment
Methadone Oral	**HCPCS** **H0020:** Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) **S0109:** Methadone, oral, 5 mg
Methadone Oral Weekly	**HCPCS** **G2067:** Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2078:** Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Naltrexone Injection	**HCPCS** **G2073:** Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **J2315:** Injection, naltrexone, depot form, 1 mg
Online Assessments	**CPT** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS** **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G2010**: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250**: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251**: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
OUD Monthly Office-based Treatment	**HCPCS:** **G2086:** Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month **G2087:** Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
OUD Weekly Drug Treatment Service	**HCPCS:** **G2067:** Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2068:** Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2069**: Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2070**: Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2072:** Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2073:** Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
OUD Weekly Nondrug Service	**HCPCS** **G2071:** Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2074:** Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	G2075: Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) **G2076:** Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid **G2077:** Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure **G2080:** Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Substance Abuse Counseling and Surveillance	**ICD10CM** **Z71.41:** Alcohol abuse counseling and surveillance of alcoholic **Z71.51:** Drug abuse counseling and surveillance of drug abuser
Substance Use Disorder Services	**CPT** 99408, 99409 **HCPCS** **G0396**: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and brief intervention 15 to 30 minutes **G0397:** Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and intervention, greater than 30 minutes **G0443**: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes **H0001**: Alcohol and/or drug assessment **H0005:** Alcohol and/or drug services; group counseling by a clinician

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	H0007: Alcohol and/or drug services; crisis intervention (outpatient) **H0015**: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education **H0016:** Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) **H0022:** Alcohol and/or drug intervention service (planned facilitation) **H0047:** Alcohol and/or other drug abuse services, not otherwise specified **H0050:** Alcohol and/or drug services, brief intervention, per 15 minutes **H2035:** Alcohol and/or other drug treatment program, per hour **H2036** Alcohol and/or other drug treatment program, per diem **T1006**: Alcohol and/or substance abuse services, family/couple counseling **T1012**: Alcohol and/or substance abuse services, skills development
Telehealth POS	**POS** **02:** Telehealth Provided Other than in patient's Home **10:** Telehealth Provided in patient's Home
Telephone Visits	**CPT** 98966, 98967, 98968, 99441, 99442, 99443
Visit Setting Unspecified	**CPT** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

How can we help?

We can help you with monitoring initiation and engagement of alcohol and other drug dependence treatment by:

- Reaching out to providers to be advocates and providing the resources to educate our patients.
- Calling our behavioral health Provider Service for additional information.
- Guiding with the above noted services to drive patient success in completing alcohol and other drug dependence treatment.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Helpful tip

If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Kidney Health Evaluation for Patients with Diabetes (KED)

This measure evaluates the percentage of patients 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) *and* a urine albumin-creatinine ratio (uACR), during the measurement year.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients receiving palliative care any time during the measurement year
- Patients who had an encounter for palliative care anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients with a diagnosis of end-stage renal disease (ESRD) any time during the patient's history on or prior to December 31 of the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients who had dialysis any time during the patient's history on or prior to December 31 of the measurement year
- Patients 66 to 80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).
- Patients 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).

Description	CPT/LOINC
Estimated Glomerular Filtration Rate Lab Test	**CPT** 80047, 80048, 80050, 80053, 80069, 82565 **LOINC** **50044-7:** Glomerular filtration rate/1.73 sq M.predicted among females [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (MDRD) **50210-4:** Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Cystatin C-based formula

Description	CPT/LOINC
	50384-7: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (Schwartz) **62238-1:** Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (CKD-EPI) **69405-9:** Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood **70969-1:** Glomerular filtration rate/1.73 sq M.predicted among males [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (MDRD) **77147-7:** Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (MDRD) **94677-2:** Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine and Cystatin C-based formula (CKD-EPI) **98979-8:** Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (CKD-EPI 2021) **98980-6:** Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine and Cystatin C-based formula (CKD-EPI 2021)
Quantitative Urine Albumin Lab Test	**CPT** 82043 **LOINC** **100158-5:** Microalbumin [Mass/volume] in Urine collected for unspecified duration **14957-5:** Microalbumin [Mass/volume] in Urine **1754-1:** Albumin [Mass/volume] in Urine **21059-1:** Albumin [Mass/volume] in 24 hour Urine **30003-8**: Microalbumin [Mass/volume] in 24 hour Urine **43605-5:** Microalbumin [Mass/volume] in 4 hour Urine **53530-2:** Microalbumin [Mass/volume] in 24 hour Urine by Detection limit <= 1.0 mg/L **53531-0:** Microalbumin [Mass/volume] in Urine by Detection limit <= 1.0 mg/L **57369-1:** Microalbumin [Mass/volume] in 12 hour Urine **89999-7:** Microalbumin [Mass/volume] in Urine by Detection limit <= 3.0 mg/L

Description	CPT/LOINC
Urine Albumin Creatinine Ratio Lab Test	**LOINC** **13705-9**: Albumin/Creatinine [Mass Ratio] in 24 hour Urine **14958-3:** Microalbumin/Creatinine [Mass Ratio] in 24 hour Urine **14959-1:** Microalbumin/Creatinine [Mass Ratio] in Urine **30000-4**: Microalbumin/Creatinine [Ratio] in Urine **44292-1:** Microalbumin/Creatinine [Mass Ratio] in 12 hour Urine **59159-4:** Microalbumin/Creatinine [Ratio] in 24 hour Urine **76401-9:** Albumin/Creatinine [Ratio] in 24 hour Urine **77253-3:** Microalbumin/Creatinine [Ratio] in Urine by Detection limit <= 1.0 mg/L **77254-1:** Microalbumin/Creatinine [Ratio] in 24 hour Urine by Detection limit <= 1.0 mg/L **89998-9:** Microalbumin/Creatinine [Ratio] in Urine by Detection limit <= 3.0 mg/L **9318-7:** Albumin/Creatinine [Mass Ratio] in Urine
Urine Creatinine Lab Test	**CPT** 82570 **LOINC** **20624-3:** Creatinine [Mass/volume] in 24 hour Urine **2161-8:** Creatinine [Mass/volume] in Urine **35674-1:** Creatinine [Mass/volume] in Urine collected for unspecified duration **39982-4:** Creatinine [Mass/volume] in Urine --baseline **57344-4:** Creatinine [Mass/volume] in 2 hour Urine **57346-9:** Creatinine [Mass/volume] in 12 hour Urine **58951-5:** Creatinine [Mass/volume] in Urine --2nd specimen
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of patients 18 to 75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis January 1 to December 3 of the measurement year.

The measure is reported as an inverted rate 1–(numerator/eligible population). A higher score indicates appropriate treatment of low back pain (for example, the proportion for whom imaging studies did not occur).

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year. Patients receiving palliative care any time during the measurement year.
- Patients who had an encounter for palliative care any time during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients 66 years of age or older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).
- Cancer, HIV, history of organ transplant, osteoporosis or spondylopathy any time during the member's history through 28 days after the IESD. Do not include laboratory claims (claims with POS code 81).
- Organ transplant, lumbar surgery, or medication treatment for osteoporosis any time during the member's history through 28 days after the IESD.
- IV drug abuse, neurologic impairment, or spinal infection any time during the 365 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims (claims with POS code 81).
- Trauma or a fragility fracture any time during the 90 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims (claims with POS code 81).
- Prolonged use of corticosteroids. 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD.

Services	CPT/ICD10CM
Uncomplicated Low Back Pain	**ICD10CM** **M47.26:** Other spondylosis with radiculopathy, lumbar region **M47.27:** Other spondylosis with radiculopathy, lumbosacral region **M47.28:** Other spondylosis with radiculopathy, sacral and sacrococcygeal region **M47.816:** Spondylosis without myelopathy or radiculopathy, lumbar region **M47.817:** Spondylosis without myelopathy or radiculopathy, lumbosacral region **M47.818:** Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region **M47.896:** Other spondylosis, lumbar region **M47.897:** Other spondylosis, lumbosacral region **M47.898:** Other spondylosis, sacral and sacrococcygeal region **M48.061:** Spinal stenosis, lumbar region without neurogenic claudication **M48.07:** Spinal stenosis, lumbosacral region **M48.08:** Spinal stenosis, sacral and sacrococcygeal region **M51.16:** Intervertebral disc disorders with radiculopathy, lumbar region **M51.17:** Intervertebral disc disorders with radiculopathy, lumbosacral region **M51.26:** Other intervertebral disc displacement, lumbar region **M51.27:** Other intervertebral disc displacement, lumbosacral region **M51.36:** Other intervertebral disc degeneration, lumbar region **M51.37:** Other intervertebral disc degeneration, lumbosacral region **M51.86:** Other intervertebral disc disorders, lumbar region **M51.87:** Other intervertebral disc disorders, lumbosacral region **M53.2X6:** Spinal instabilities, lumbar region **M53.2X7:** Spinal instabilities, lumbosacral region **M53.2X8:** Spinal instabilities, sacral and sacrococcygeal region **M53.3:** Sacrococcygeal disorders, not elsewhere classified **M53.86:** Other specified dorsopathies, lumbar region **M53.87:** Other specified dorsopathies, lumbosacral region **M53.88:** Other specified dorsopathies, sacral and sacrococcygeal region **M54.16:** Radiculopathy, lumbar region **M54.17:** Radiculopathy, lumbosacral region **M54.18:** Radiculopathy, sacral and sacrococcygeal region **M54.30:** Sciatica, unspecified side **M54.31:** Sciatica, right side **M54.32:** Sciatica, left side

Services	CPT/ICD10CM
	M54.40: Lumbago with sciatica, unspecified side **M54.41:** Lumbago with sciatica, right side **M54.42:** Lumbago with sciatica, left side **M54.50:** Low back pain, unspecified **M54.51:** Vertebrogenic low back pain **M54.59:** Other low back pain **M54.89:** Other dorsalgia **M54.9:** Dorsalgia, unspecified **M99.03:** Segmental and somatic dysfunction of lumbar region **M99.04:** Segmental and somatic dysfunction of sacral region **M99.23:** Subluxation stenosis of neural canal of lumbar region **M99.33:** Osseous stenosis of neural canal of lumbar region **M99.43:** Connective tissue stenosis of neural canal of lumbar region **M99.53:** Intervertebral disc stenosis of neural canal of lumbar region **M99.63:** Osseous and subluxation stenosis of intervertebral foramina of lumbar region **M99.73:** Connective tissue and disc stenosis of intervertebral foramina of lumbar region **M99.83:** Other biomechanical lesions of lumbar region **M99.84:** Other biomechanical lesions of sacral region **S33.100A:** Subluxation of unspecified lumbar vertebra, initial encounter **S33.100D:** Subluxation of unspecified lumbar vertebra, subsequent encounter **S33.100S:** Subluxation of unspecified lumbar vertebra, sequela **S33.110A:** Subluxation of L1/L2 lumbar vertebra, initial encounter **S33.110D:** Subluxation of L1/L2 lumbar vertebra, subsequent encounter **S33.110S:** Subluxation of L1/L2 lumbar vertebra, sequela **S33.120A:** Subluxation of L2/L3 lumbar vertebra, initial encounter **S33.120D:** Subluxation of L2/L3 lumbar vertebra, subsequent encounter **S33.120S:** Subluxation of L2/L3 lumbar vertebra, sequela **S33.130A:** Subluxation of L3/L4 lumbar vertebra, initial encounter **S33.130D:** Subluxation of L3/L4 lumbar vertebra, subsequent encounter **S33.130S:** Subluxation of L3/L4 lumbar vertebra, sequela **S33.140A:** Subluxation of L4/L5 lumbar vertebra, initial encounter **S33.140D:** Subluxation of L4/L5 lumbar vertebra, subsequent encounter **S33.140S:** Subluxation of L4/L5 lumbar vertebra, sequela **S33.5XXA:** Sprain of ligaments of lumbar spine, initial encounter **S33.6XXA:** Sprain of sacroiliac joint, initial encounter **S33.8XXA:** Sprain of other parts of lumbar spine and pelvis, initial encounter

Services	CPT/ICD10CM
	S33.9XXA: Sprain of unspecified parts of lumbar spine and pelvis, initial encounter **S39.002A:** Unspecified injury of muscle, fascia and tendon of lower back, initial encounter **S39.002D:** Unspecified injury of muscle, fascia and tendon of lower back, subsequent encounter **S39.002S:** Unspecified injury of muscle, fascia and tendon of lower back, sequela **S39.012A:** Strain of muscle, fascia and tendon of lower back, initial encounter **S39.012D:** Strain of muscle, fascia and tendon of lower back, subsequent encounter **S39.012S:** Strain of muscle, fascia and tendon of lower back, sequela **S39.092A:** Other injury of muscle, fascia and tendon of lower back, initial encounter **S39.092D:** Other injury of muscle, fascia and tendon of lower back, subsequent encounter **S39.092S:** Other injury of muscle, fascia and tendon of lower back, sequela **S39.82XA:** Other specified injuries of lower back, initial encounter **S39.82XD:** Other specified injuries of lower back, subsequent encounter **S39.82XS:** Other specified injuries of lower back, sequela **S39.92XA:** Unspecified injury of lower back, initial encounter **S39.92XD:** Unspecified injury of lower back, subsequent encounter **S39.92XS:** Unspecified injury of lower back, sequela
Imaging Study	**CPT** 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72200, 72202, 72220

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Lead Screening in Children (LSC)

This HEDIS measure looks at the percentage of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Record your efforts

When documenting lead screening, include:

- Date the test was reported.
- Results or findings.

Note: *Unknown* is not considered a result/finding for medical record reporting.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year

Codes to identify lead test:

Services	CPT/LOINC
Lead Tests	**CPT** 83655 **LOINC** **10368-9:** Lead [Mass/volume] in Capillary blood **10912-4:** Lead [Mass/volume] in Serum or Plasma **14807-2:** Lead [Moles/volume] in Blood **17052-2:** Lead [Presence] in Blood **25459-9:** Lead [Moles/volume] in Serum or Plasma **27129-6:** Lead [Mass/mass] in Red Blood Cells **32325-3:** Lead [Moles/volume] in Red Blood Cells **5674-7:** Lead [Mass/volume] in Red Blood Cells **77307-7:** Lead [Mass/volume] in Venous blood

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Draw patient's blood while they are in your office instead of sending them to the lab.
- Consider performing finger stick screenings in your practice.
- Assign one staff patient to follow up on results when patients are sent to a lab for screening.
- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed and documented.
- Use sick and well-child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you with lead screening in children by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Other available resources

About Childhood Lead Poisoning Prevention | Childhood Lead Poisoning Prevention | CDC

Oral Evaluation, Dental Services (OED)

This HEDIS measure looks at the percentage of patients under 21 of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Record your efforts:

- Date of evaluation

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year

Codes:

Services	CDT
Oral Evaluation	**CDT** **D0120:** Periodic oral evaluation - established patient **D0145:** Oral evaluation for a patient under three years of age and counseling with primary caregiver **D0150:** Comprehensive oral evaluation - new or established patient

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

If uusing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at the percentage deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these patients, the measure assesses the following facets of prenatal and postpartum care:

- **Timeliness of prenatal care**: The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization.
- **Postpartum Care**: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Record your efforts

- Prenatal care visit must include one of the following:
- Diagnosis of pregnancy
- A physical examination that includes one of the following:
- Auscultation for fetal heart tone
- Pelvic exam with obstetric observations
- Measurement of fundus height
- Evidence that a prenatal care procedure was performed such as one of the following:
  - Obstetric panel including hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
  - TORCH antibody panel alone
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
  - Ultrasound of a pregnant uterus
- Documentation of LMP, EDD or gestational age in conjunction with *either* of the following:
- A positive pregnancy test result, or
- Documentation of gravity and parity, or
- Prenatal risk assessment and counseling/education, or
- Complete obstetrical history

Postpartum care visit on or between 7 and 84 days after delivery

- Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and any of the following:
- Pelvic exam
- Evaluation of weight, BP, breasts, and abdomen

- Notation of *breastfeeding* is acceptable for the *evaluation of breasts* component
- Notation of postpartum care, including, but not limited to:
  - Notation of postpartum care, PP care, PP check, 6-week check
  - A preprinted Postpartum Care form in which information was documented during the visit
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
- Glucose screening for women with gestational diabetes
- Documentation of any of the following topics:
  - Infant care or breastfeeding
  - Resumption of intercourse, birth spacing or family planning
  - Sleep/fatigue
  - Resumption of physical activity and attainment of healthy weight

Exclusions:

- Non-live births
- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
Deliveries	**CPT** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 **ICD10PCS** **10D00Z0:** Extraction of Products of Conception, High, Open Approach **10D00Z1:** Extraction of Products of Conception, Low, Open Approach **10D00Z2:** Extraction of Products of Conception, Extraperitoneal, Open Approach **10D07Z3:** Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening **10D07Z4:** Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening **10D07Z5:** Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening **10D07Z6:** Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening **10D07Z7:** Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
	10D07Z8: Extraction of Products of Conception, Other, Via Natural or Artificial Opening **10E0XZZ:** Delivery of Products of Conception, External Approach
Prenatal Bundled Services	**CPT** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS** **H1005:** Prenatal care, at-risk enhanced service package (includes h1001-h1004)
Prenatal Visits	**CPT** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483 **HCPCS** **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G0463:** Hospital outpatient clinic visit for assessment and management of a patient **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
	the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251:** Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion **T1015:** Clinic visit/encounter, all-inclusive
Stand Alone Prenatal Visits	**CPT** 99500 **CPT-CAT II** **0500F**: Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal) **0501F:** Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal) **0502F:** Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (for example, an upper respiratory infection; patients seen for consultation only, not for continuing care)] **HCPCS** **H1000:** Prenatal care, at-risk assessment **H1001:** Prenatal care, at-risk enhanced service; antepartum management **H1002:** Prenatal care, at risk enhanced service; care coordination **H1003:** Prenatal care, at-risk enhanced service; education

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
	H1004: Prenatal care, at-risk enhanced service; follow-up home visit
Postpartum Bundles Services	**CPT** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Postpartum Care	**CPT** 57170, 58300, 59430, 99501 **CPT-CAT II** Postpartum care visit (Prenatal) **HCPCS** Cervical or vaginal cancer screening; pelvic and clinical breast examination
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: These codes are used to capture encounter data for individual prenatal and postpartum visits. Category II codes do not generate payment but help with more accurate reporting. The designated CPT Category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

This HEDIS measure looks at the percentage of males 21 to 75 years of age and females 40 to 75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

- **Received statin therapy:** Patients who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- **Statin adherence 80%:** Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period (treatment period begins with the earliest dispensing event for any high-intensity or moderate-intensity statin medication during the measurement year).

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).
- In vitro fertilization in the measurement year or the year prior to the measurement year.
- Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year.
- End stage renal disease (ESRD) during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).
- Dialysis during the measurement year or the year prior to the measurement year.
- Cirrhosis during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).
- Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement year.
- Patients receiving palliative care any time during the measurement year.
- Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and

advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).

High- and Moderate-Intensity Statin Medications

Description	Prescription
High-intensity statin therapy	Atorvastatin 40-80 mg
High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg
High-intensity statin therapy	Rosuvastatin 20-40 mg
High-intensity statin therapy	Simvastatin 80 mg
High-intensity statin therapy	Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	Atorvastatin 10-20 mg
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg
Moderate-intensity statin therapy	Rosuvastatin 5-10 mg
Moderate-intensity statin therapy	Simvastatin 20-40 mg
Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg
Moderate-intensity statin therapy	Pravastatin 40-80 mg
Moderate-intensity statin therapy	Lovastatin 40 mg
Moderate-intensity statin therapy	Fluvastatin 40-80 mg
Moderate-intensity statin therapy	Pitavastatin 1-4 mg

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping to identify community resources, such as health education classes that may be available in your area.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Statin Therapy for Patients With Diabetes (SPD)

This HEDIS measures looks at the percentage of patients 40 to 75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

- **Received statin therapy**: patients who were dispensed at least one statin medication of any intensity during the measurement year
- **Statin Adherence 80%**: patients who remained on a statin medication of any intensity for at least 80% of the treatment period (treatment period begins with the earliest dispensing event for any statin medication during the measurement year).

Record your efforts

- Document review of continued use of prescribed medications during patient visits
- Document evidence of exclusion criteria

Exclusions:

- Patients with at least one of the following during the year prior to the measurement year :
  - Myocardial Infarction (MI) discharged from an inpatient setting with an MI
  - Coronary artery bypass graft (CABG) in any setting
  - Percutaneous Coronary Intervention (PCI) in any setting
  - Other revascularization procedure in any setting
- Patients who had at least one encounter with a diagnosis of IVD during both the measurement year and the year prior to the measurement year.
- Patients with a diagnosis of pregnancy during the measurement year or year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).
- In vitro fertilization in the measurement year or year prior to the measurement year.
- Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year.
- End stage renal disease (ESRD) during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).
- Dialysis during the measurement year or the year prior to the measurement year.
- Cirrhosis during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

- Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement year.
- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.
- Patients receiving palliative care any time during the measurement year.
- Patients who had an encounter for palliative care any time during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	Acarbose Miglitol		
Amylin analogs	Pramlintide		
Antidiabetic combinations	Alogliptin-metformin Alogliptin-pioglitazone Canagliflozin-metformin Dapagliflozin-metformin Dapagliflozin-saxagliptin Empagliflozin-linagliptin Empagliflozin-linagliptin-metformin	Empagliflozin-metformin Ertugliflozin-metformin Ertugliflozin-sitagliptin Glimepiride-pioglitazone Glipizide-metformin Glyburide-metformin Linagliptin-metformin	Metformin-pioglitazone Metformin-repaglinide Metformin-rosiglitazone Metformin-saxagliptin Metformin-sitagliptin
Insulin	Insulin aspart Insulin aspart-insulin aspart protamine Insulin degludec Insulin degludec-liraglutide Insulin detemir Insulin glargine	Insulin glulisine Insulin isophane human Insulin isophane-insulin regular Insulin lispro Insulin lispro-insulin lispro protamine Insulin regular human	

Description	Prescription	
	Insulin glargine-lixisenatide	Insulin human inhaled
Meglitinides	Nateglinide Repaglinide	
Biguanides	Metformin	
Glucagon-like peptide-1 (GLP1) agonists	Albiglutide Dulaglutide Exenatide	Liraglutide Lixisenatide Semaglutide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	Canagliflozin Dapagliflozin	Empagliflozin Ertugliflozin
Sulfonylureas	Chlorpropamide Glimepiride Glipizide	Glyburide Tolazamide Tolbutamide
Thiazolidinediones	Pioglitazone Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin Linagliptin	Saxagliptin Sitaglipin]

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

This HEDIS measure looks at the percentage of patients 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder and who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Record your efforts:

- Document review of continued use of prescribed medications during patient visits
- Document evidence of exclusion criteria

An antipsychotic medication dispensed event during the measurement year identified by claim/encounter data or pharmacy data and a glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.
- Patients with diabetes
- Patients who had no antipsychotic medications dispensed during the measurement year.

Services	CPT/CPT-CATII/HCPCS/LOINC
Glucose Lab Test	**CPT** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LOINC** **10450-5:** Glucose [Mass/volume] in Serum or Plasma --10 hours fasting **1492-8:** Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 0.5 g/kg glucose IV **1494-4:** Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 100 g glucose PO **1496-9:** Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 75 g glucose PO **1499-3:** Glucose [Mass/volume] in Serum or Plasma --1 hour post 0.5 g/kg glucose IV

Services	CPT/CPT-CATII/HCPCS/LOINC
	1501-6: Glucose [Mass/volume] in Serum or Plasma --1 hour post 100 g glucose PO **1504-0:** Glucose [Mass/volume] in Serum or Plasma --1 hour post 50 g glucose PO **1507-3:** Glucose [Mass/volume] in Serum or Plasma --1 hour post 75 g glucose PO **1514-9** Glucose [Mass/volume] in Serum or Plasma --2 hours post 100 g glucose PO **1518-0:** Glucose [Mass/volume] in Serum or Plasma --2 hours post 75 g glucose PO **1530-5:** Glucose [Mass/volume] in Serum or Plasma --3 hours post 100 g glucose PO **1533-9:** Glucose [Mass/volume] in Serum or Plasma --3 hours post 75 g glucose PO **1554-5:** Glucose [Mass/volume] in Serum or Plasma --12 hours fasting **1557-8** Fasting glucose [Mass/volume] in Venous blood **1558-6:** Fasting glucose [Mass/volume] in Serum or Plasma **17865-7:** Glucose [Mass/volume] in Serum or Plasma --8 hours fasting **20436-2:** Glucose [Mass/volume] in Serum or Plasma --2 hours post dose glucose **20437-0:** Glucose [Mass/volume] in Serum or Plasma --3 hours post dose glucose **20438-8:** Glucose [Mass/volume] in Serum or Plasma --1 hour post dose glucose **20440-4:** Glucose [Mass/volume] in Serum or Plasma --1.5 hours post dose glucose **2345-7:** Glucose [Mass/volume] in Serum or Plasma **26554-6:** Glucose [Mass/volume] in Serum or Plasma --2.5 hours post dose glucose **41024-1:** Glucose [Mass/volume] in Serum or Plasma --2 hours post 50 g glucose PO **49134-0:** Glucose [Mass/volume] in Blood --2 hours post dose glucose **6749-6:** Glucose [Mass/volume] in Serum or Plasma --2.5 hours post 75 g glucose PO **9375-7:** Glucose [Mass/volume] in Serum or Plasma --2.5 hours post 100 g glucose PO
HbA1c Tests Results or Findings:	**CPT-CAT II** **3044F:** Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) **3046F:** Most recent hemoglobin A1c level greater than 9.0% (DM) **3051F:** Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Services	CPT/CPT-CATII/HCPCS/LOINC
	3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
HbA1c Lab Test	**CPT** 83036, 83037 **LOINC** **17855-8:** Hemoglobin A1c/Hemoglobin.total in Blood by calculation **17856-6:** Hemoglobin A1c/Hemoglobin.total in Blood by HPLC **4548-4:** Hemoglobin A1c/Hemoglobin.total in Blood **4549-2:** Hemoglobin A1c/Hemoglobin.total in Blood by Electrophoresis **96595-4:** Hemoglobin A1c/Hemoglobin.total in DBS
Online Assessments	**CPT** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS** **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G2010**: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250**: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251**: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot

Services	CPT/CPT-CATII/HCPCS/LOINC
	report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone Visits	**CPT** 98966, 98967, 98968, 99441, 99442, 99443
Visit Setting Unspecified	**CPT** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Topical Fluoride for Children (TFC)

This HEDIS measure looks at the percentage of patients one to four years of age who received at least two fluoride varnish applications during the measurement year.

Record your efforts

- Two or more fluoride varnish applications on different dates of services

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who died during the measurement year.

Codes:

Services	CPT/CDT
Application of Fluoride Varnish	**CPT** 99188 **CDT** **D1206:** Topical application of fluoride varnish

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Appropriate Treatment for Upper Respiratory Infection (URI)

This HEDIS measure looks at the percentage of episodes for patients three months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in a dispensed antibiotic dispensing event.

A higher rate indicates appropriate URI treatment (for example, the proportion of episodes that did not result in an antibiotic dispensing eventJuly 1 of the year prior to the measurement year to June 30 of the measurement year.

Record your efforts:

- Document results of all strep tests or refusal for testing in medical records.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.

Description	CPT/HCPCS/ICD10CM
Pharyngitis	**ICD10CM** **J02.0:** Streptococcal pharyngitis **J02.8:** Acute pharyngitis due to other specified organisms **J02.9:** Acute pharyngitis, unspecified **J03.00**: Acute streptococcal tonsillitis, unspecified **J03.01:** Acute recurrent streptococcal tonsillitis **J03.80:** Acute tonsillitis due to other specified organisms **J03.81:** Acute recurrent tonsillitis due to other specified organisms **J03.90:** Acute tonsillitis, unspecified **J03.91:** Acute recurrent tonsillitis, unspecified
URI	**ICD10CM** **J00:** Acute nasopharyngitis [common cold] **J06.0:** Acute laryngopharyngitis **J06.9:** Acute upper respiratory infection, unspecified
Outpatient, ED, and Telehealth	**CPT** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244,

Description	CPT/HCPCS/ICD10CM
	99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483 **HCPCS** **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G0402:** Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment **G0438:** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit **G0439:** Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit **G0463:** Hospital outpatient clinic visit for assessment and management of a patient **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment

Description	CPT/HCPCS/ICD10CM
	G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion **T1015:** Clinic visit/encounter, all-inclusive

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- If a patient tests negative for group A strep but insists on an antibiotic:
  - Refer to the illness as a sore throat due to a cold virus. Antibiotics do not work on viruses. Patients tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, like over-the-counter medications.
- Educate patients on the difference between bacterial and viral infections. This is the key point in the success of this measure.
- Discuss with patients' ways to treat symptoms:
- Get extra rest.
  - Drink plenty of fluids.
  - Use over-the-counter medications.
  - Use the cool-mist vaporizer and nasal spray for congestion.
  - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate patients and their parents or caregivers that they can prevent infection by:
  - Washing hands frequently.
  - Disinfecting toys.
  - Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Helpful resources

CDC.gov/antibiotic-use

Well-Child Visits in the First 30 Months of Life (W30)

This HEDIS measure looks at the percentage of patients who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

- **Well-Child Visits in the First 15 Months**: children who turned 15 months old during the measurement year: Six or more well-child visits
- **Well-Child Visits for Age 15 Months to 30 Months**: children who turned 30 months old during the measurement year: Two or more well-child visits

Record your efforts

Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of *all* of the following:

- A health history: Health history is an assessment of the patient's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history**: Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history**: Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam** (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- **Health education/anticipatory guidance: Health education/anticipatory guidance is given by the healthcare provider to parents or guardians in anticipation of emerging issues that a child and family may face.**

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.

Description	CPT/HCPCS
Well Care Visit	**CPT** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 **HCPCS** **G0438:** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit **G0439:** Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit **S0302:** Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Use your patient roster to contact patients who are due for an exam or are new to your practice.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track patients due or past due for a visit. If you do not use EMRs, consider creating a manual tracking method. Sick visits may be a missed opportunity for your patient to get a wellness exam.
- Consider extending your office hours into the evening, early morning, or weekend to accommodate working parents.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your patients overdue for services.
- Encouraging patients to get preventive care through our programs. Contact your provider relationship management representative for more information.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)

This HEDIS measure looks at the percentage of patients ages three to 17 years who had an outpatient visit with a PCPs or OB/GYN and who had evidence of the following during the measurement year:

- *BMI Percentile documentation
- Counseling for Nutrition
- Counseling for Physical Activity

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Record your efforts

Three separate rates are reported:

- Height, weight and BMI percentile (not BMI value):
- May be a BMI growth chart if used.
- Counseling for nutrition (diet):
- Services rendered during a telephone visit, e-visit or virtual check-in meet criteria.
- Counseling for physical activity (sports participation/exercise):
  - Services rendered for obesity or eating disorders may be used to meet criteria.
  - Services rendered during a telephone visit, e-visit or virtual check-in meet criteria.

Exclusions:

- Patients with a diagnosis of pregnancy
- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year

Description	CPT/HCPCS/ICD10CM/LOINC
BMI Percentile	**ICD10CM** **Z68.51**: Body mass index [BMI] pediatric, less than 5th percentile for age **Z68.52:** Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age **Z68.53:** Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age

Description	CPT/HCPCS/ICD10CM/LOINC
	Z68.54: Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age **LOINC** **59574-4:** Body mass index (BMI) [Percentile] **59575-1:** Body mass index (BMI) [Percentile] Per age **59576-9:** Body mass index (BMI) [Percentile] Per age and sex
Nutrition Counseling	**CPT** 97802, 97803, 97804 **HCPCS** **G0270:** Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes **G0271:** Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes **G0447:** Face-to-face behavioral counseling for obesity, 15 minutes **S9449:** Weight management classes, non-physician provider, per session **S9452:** Nutrition classes, non-physician provider, per session **S9470:** Nutritional counseling, dietitian visit
Physical Activity Counseling	**HCPCS** **G0447:** Face-to-face behavioral counseling for obesity, 15 minutes **S9451:** Exercise classes, non-physician provider, per session
Encounter for Physical Activity Counseling	**ICD10CM** **Z02.5:** Encounter for examination for participation in sport **Z71.82:** Exercise counseling

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Measure height and weight at least annually and document the BMI percentile for age in the medical record.
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Document any advice you give the patient.
- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.
- Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material that was provided, anticipatory guidance on physical activity, and obesity or overweight discussion.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Child and Adolescent Well-Care Visits (WCV)

This HEDIS measure looks at the percentage of patients ages three to 21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Record your efforts

Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of *all* of the following:

- A health history: Health history is an assessment of the patient's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- A physical developmental history: Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- A mental developmental history: Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- A physical exam (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- Health education/anticipatory guidance: Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.

Description	CPT/HCPCS
Well Care Visit	**CPT** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 **HCPCS** **G0438:** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit **G0439:** Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit **S0302:** Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate evaluation and management service)

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Use your Patient roster to contact patients who are due for an annual exam.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track patients due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your Patient to get health checks.
- Consider extending your office hours into the evening, early morning, or weekend to accommodate working parents.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your patients overdue for services.
- Encouraging patients to get preventive care through our programs.
- Patients may be eligible for transportation assistance at no cost; contact Patient Services for arrangements.

Visit My Diverse Patients for additional information about eLearning experiences on provider cultural competency and health equity.

To help you keep up with annual changes to HEDIS documentation, we have created a library of HEDIS content for you. You will find tip sheets with coding information and more for many HEDIS measures and other documentation to help ensure accurate claims coding, which helps ensure accurate reimbursement. Go to *Provider News* to view all communications in the **Optimizing HEDIS & STARS** category.

MDWP-CD-071045-24-CPN70939